



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Lisa Peppler

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Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29800652
Outpatient Patient Service Revenue	\$77261671
Total Gross Patient Service Revenue	\$107062323

2. Deductions From Revenue

Contractual Allowance	\$51580499
Other Deductions	\$3936851
Total Deductions	\$55517350

3. Total Operating Revenue

Net Patient Service Revenue	\$51544974
Other Operating Revenue	\$4401621
Total Operating Revenue	\$55946595

4. Operating Expenses

Salaries and Wages	\$13279128	Employee Benefits	\$4461695
Depreciation and Amortization	\$1646783	Interest Expense	\$16802
Bad Debt	\$4856365	Other Expenses	\$17566817
Total Operating Expenses	\$41827590		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7699005	Total Assets	\$0
Net Non-operating Gains over Loss	\$4584564	Total Liabilities	\$0
Total Net Gains	\$12283569		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43150287	\$30501620	\$12648667
Medicaid	\$14538203	\$10929528	\$3608675
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49373833	\$14086201	\$35287632
Total	\$107062323	\$55517349	\$51544974

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$79405	\$-79405

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$39821	\$-39821

Hospital Patients	\$0	\$0	\$0
Community Education	\$14324	\$28689	\$-14365

Number of Medical Professionals Trained	690
Number of Hospital Patients Educated	59020
Number of Citizens Exposed to Health Education Messages	29782

Statement Six: Charity Statement

Hospital Charity Charges	\$3936851
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1369686	
HCI Payments	\$0		
Subtotal	\$0	\$1369686	\$-1369686
Medicaid Shortfalls	\$2941975	\$5058045	
Subtotal	\$2941975	\$6427731	\$-3485756
DSH Payments	\$0		
Subtotal	\$2941975	\$6427731	\$-3485756
Medicare Shortfalls	\$12532978	\$15013615	
Other Government Programs	\$0	\$0	
Total	\$15474953	\$21441346	\$-5966393

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2883	\$99575	\$-96692
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$2388135	\$-2388135

